

DECLARATION, POWER OF ATTORNEY, AND PETITION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

RESONANT MUSCLE STIMULATOR

the specification of which (check one below):

☒ is attached hereto.

☐ was filed on ___ as Application Serial No. ___ or Express Mail No. ___, and was amended on ___ (if applicable).

☐ was filed on ___ as PCT International Application No. ___, and as amended under PCT Article 19 on ___ (if any).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Priority Claimed?

() Yes () No

(Serial No.)	(Filing Date)	(Status: Patented, Pending, or Abandoned)
1	1/1/2020	Patented
2	2/1/2021	Pending
3	3/1/2022	Abandoned

Address all correspondence and telephone calls to

Page 2 of 3

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of Inventor James M. Campos

Inventor's Signature _____ Date _____

Residence City/State Hayward, California Citizenship U.S.A.

Post Office Address 22530 Third Street, #109, Hayward, CA 94541